

## **Application Data Sheet**

| A 10 1 | plica                                   | tian | Int. | <b>, ,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | TIAN |
|--------|---|------|------|---|------|
| A 111  | 111111111111111111111111111111111111111 |      |      |   |      |
|        |   |      |      |   |      |
|        |   |      |      |   |      |

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: 1731

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: CD

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PRESS DEVICE HAVING AN EXTENDED

PRESS NIP FOR PRESSING OF A TRAVELLING PAPERBOARD WEB, AND

PROCEDURE FOR CONTROLLING THE PRESSURE CURVE IN THE MACHINE

**DIRECTION BY SUCH PRESS NIP** 

Attorney Docket Number:: 41274/206959

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity:: No

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Swedish

Status:: Full Capacity

Given Name:: Lars

Family Name:: Gustavsson

Name Suffix::

City of Residence:: Karlstad

State or Province of Residence::

Country of Residence:: Sweden

Street of mailing address:: Rosenbadsgatan 3A

City of mailing address:: Karlstad

State or Province of mailing address::

Country of mailing address:: Sweden

Postal or Zip Code of mailing address:: 652 26

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Erik

Family Name:: Brox

Name Suffix::

City of Residence:: Forshaga

State or Province of Residence::

Country of Residence:: Sweden

Street of mailing address:: Trollstigen 20

City of mailing address:: Forshaga

State or Province of mailing address::

Country of mailing address:: Sweden

Postal or Zip Code of mailing address:: 667 33

| Applicant Authority Type::    |             | Inventor             |                      |
|-------------------------------|-------------|----------------------|----------------------|
| Primary Citizenship Country:: |             | US                   |                      |
| Status::                      |             | Full Capacity        |                      |
| Given Name::                  |             |                      |                      |
| Family Name::                 |             |                      |                      |
| Name Suffix::                 |             |                      |                      |
| City of Residence::           |             |                      |                      |
| State or Province of Residen  | ice::       |                      |                      |
| Country of Residence::        |             | US                   |                      |
| Street of mailing address::   |             |                      |                      |
| City of mailing address::     |             |                      |                      |
| State or Province of mailing  | address::   |                      |                      |
| Country of mailing address:   | :           |                      |                      |
| Postal or Zip Code of mailin  | g address:: |                      |                      |
|                               |             |                      |                      |
| Correspondence Informati      | ion         |                      |                      |
| Correspondence Customer N     | Number::    | 00826                |                      |
|                               |             |                      |                      |
| Representative Informatio     | n           |                      |                      |
| Representative Customer Nu    | ımber::     | 00826                |                      |
|                               |             |                      |                      |
| Domestic Priority Informa     | tion        |                      |                      |
| Application:: Contin          | uity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application Contin       | uation of   |                      |                      |
| Contin                        | uation of   |                      |                      |
|                               |             |                      |                      |

## Foreign Priority Information

| Country:: | Application | Filing Date:: | Priority Claimed:: |
|-----------|-------------|---------------|--------------------|
|           | Number::    |               |                    |
| Sweden    | 9904544-5   | 12/10/1999    | YES                |
|           |             |               | YES                |

## **Assignee Information**

Assignee name:: Metso Paper Karlstad AB

Street of mailing address::

City of mailing address::

State or Province of mailing address:: Karlstad

Country of mailing address:: Sweden

Postal or Zip Code of mailing address:: 651 15

(If there is more than one assignee, repeat information for each one.)

CLT01/4710917v1